U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended, Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8265	2. Fiscal Year Covered From:
	[1] / [7] / 2005; Through: 12 / 31. / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name NICHOLAS E SCHOLZ	Name OPENTUS PHITERENS + CEMENT HAJOHS INTL
	Labor Organization File Number 000- (3 2
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any \int_{U_1} $+e 3$ \circ \$
Street 14405 LAUREL PLACE, Suite 300	Street LAYOS LAUREL PLACE
City LAUREL	City LAUREL
State MARY LAND ZIP Code + 4 do 707	State MARYLAND ZIP Code + 4 20707
5. Position in labor organization, CFFICE MANAGER	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of	
monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a, Nature of Interest, Transaction, or Income.
Name UNION PLUS	Union PRIVILEGE LIGISON CONFERENCE \$49-4/1
Trade Name, if any:	Hotel, Lunca, Dinner, Award, Cocktails
P.O. Box, Bldg., Room No., if any Suite 300	i
Street 1125 -15 TH ST, N.W.	7.b. Amount.
City WASHINGTON	959.53
State D C ZIP Code + 4 2000	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Mucholan Schil	On 1911 3 date 30/- 470 - 4200 Daté Telephone Number